



14 Crooked River Road, Gerringong, NSW 2534

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Website: www.gerringonggolf.com.au

## APPLICATION FOR MEMBERSHIP.

I hereby apply for membership to the Gerringong Golf Club Inc. and agree to pay the applicable fees.

### General Details:

### Membership Details:

Title:..... FirstName.....

Middle Name: .....

Last Name: .....

Preferred First Name.....

Date of Birth: ..... / ..... / ..... Gender: .....

Email Address: .....

Address Line 1: .....

Address Line 2: .....

Suburb: .....

Post Code: ..... State.....

Phone contact: .....

Occupation: .....

Emergency Contact/ Name & Ph number.....

#### Membership Category – please select 1:

- Adult Full member
- Intermediate (Aged 22 -25):
- Junior (Aged 18-21)
- Sub-Junior (under 18 years of age).

**Parent/ Caregiver details are required for sub-junior memberships. Complete below:**

Name.....

Email.....

Phone.....

#### Golfink Details:

Current or previous Golfink Number:

.....

I nominate my home club as:

.....

**Signature of Applicant:** .....

Nominator Name: .....

Seconder Name: .....

Nominator Signature: .....

Seconder Signature: .....

**Applicable Membership Fee:** ..... **Paid by:** card or direct deposit **Date:**...../...../.....

**Bank Details:** BSB 062 562 **Account Number:** 1031 1105.

**Reference:** .....mship (**Please insert surname followed by mship**)

**Office Use Only:** **Meeting Date:**..... / ..... / ..... **Receipt Number:** .....

**Membership Number:** .....

**Gerringong Golfink Number:** .....